Expression of Interest Form (This is not an enrolment form)

From 1 January 2015 all students will be required to have a USI. You will need it to enrol (or re-enrol) at Challenger Institute.


A course coordinator will contact you to discuss your application. If your application is successful you will need to attend the campus enrolment session to fully enrol and receive up to date course information.

STUDENT ID: 03 (If known) DATE OF BIRTH: _______ / ______ / _______

NAME OF APPLICANT: ____________________________________________

(Surname - Please Print) (Other Name in Full - Please Print)

POSTAL ADDRESS: ____________________________________________

________________________ POSTCODE: _______________________

PHONE (Home): ___________________ (Mobile): ___________________ (Business): ___________________

EMAIL: __________________________ MALE ☐ FEMALE ☐

COURSES BEGIN in February 2015 ENROLMENT DATE: 22nd January 2015

<table>
<thead>
<tr>
<th>Please Tick</th>
<th>Course Title</th>
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<tr>
<td></td>
<td>Full-Time</td>
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<td></td>
<td>7177 - GATE (Intro) for people with disabilities (PWID)</td>
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<tr>
<td></td>
<td>D353 – Certificate II in Music (Youth) off campus at Castle Rock Studio</td>
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<td>7176 - Certificate I in New Opportunities for Women (NOW)</td>
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<td></td>
<td>7187/7188 Certificate I/II in General Education for Adults (YOUTH)</td>
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<td></td>
<td>7188 - Certificate II in General Education for Adults (Wellbeing for Young Women 16-25)</td>
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<td>7187- Certificate I in General Education for Adults (Up Up &amp; Away)</td>
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<td></td>
<td>7188- Certificate II in General Education for Adults (Up Up &amp; Away)</td>
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<td></td>
<td>7188- Certificate II in General Education for Adults (Our Community)</td>
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<td></td>
<td>7189 - Certificate III in General Education for Adults (Our Community)</td>
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<td>1671 - Certificate II in EAL (Full time over 2 semesters)</td>
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<td>Part-Time</td>
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<td>7187/7188/7189 Certificate I/II/III in General Education for Adults (Night) English and Maths units only</td>
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<td>1670 - Certificate I in EAL (Day) selected units only</td>
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<td>1670 /1671 - Certificate I &amp; II in EAL (Night) selected units only</td>
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CLIENT GROUP CODES:

- PWID - People with Intellectual Disabilities
- EAL – English as an Additional Language
1. **CITIZENSHIP/RESIDENCY STATUS**

Please tick appropriate box. If you were not born in Australia or New Zealand, you must present evidence of permanent residency or citizenship for this application to be considered.

- [ ] Australian Citizen
- [ ] Australian Permanent Resident/New Zealand Citizen
- [ ] Country of Birth (if not Aust or NZ)

VISA Subclass number

2. **PREVIOUS SECONDARY EDUCATION/MATURE AGE QUALIFICATIONS**

If you are not currently attending a secondary school, tick the appropriate box to indicate your highest completed year of study.

- [ ] Less than Yr 10
- [ ] Yr 10
- [ ] Yr 11
- [ ] Yr 12

In which year did you complete the above? ________________________________________

3. **OTHER STUDIES**

Please give details of any post-secondary school studies (e.g. other TAFE courses, university, short courses) you have already completed.

_____________________________________________________________________________
_____________________________________________________________________________

4. **PREVIOUS EMPLOYMENT/WORK EXPERIENCE/VOLUNTARY ACTIVITIES**

_____________________________________________________________________________
_____________________________________________________________________________

5. **SPECIAL NEEDS** (e.g. mobility impairment)

Are you likely to require special assistance as a student? (Y/N). If YES, please provide information regarding your anticipated requirements.

_____________________________________________________________________________
_____________________________________________________________________________

6. **APPLICANTS WITH NON-ENGLISH SPEAKING BACKGROUND**

Please state the language spoken at home (if not English) ________________________________________

Did you complete all or part of your schooling in a language other than English? (Yes/No) ________________________________________

7. **DECLARATION**

I certify that the information and copies provided are true and correct.

Signature: ___________________________ Date: ___________________________

Please hand in completed form to the Customer Service Centre at your local Challenger campus, email to Jonelle.rafols@challenger.wa.edu.au or mail to Access & Participation Program Manager, Challenger Institute of Technology, 1 Fleet Street, Fremantle WA 6160

8. **OFFICE USE ONLY:**

Date Received: ___________________________